									Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003.									10768940					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			4					RATE . FE			1	RATE	FEE		
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FEE 385.00		385.00	OR	Basic Fee	770.00		
TOTAL CHARGEABLE CLAIMS			4 minus 20= •			0	XS 9		·T		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 = O					X43=			OR	X86=			
M	JLTIPLE DEPE	NDENT CLAIM P	reśent					+145=			OR	+290=			
• 11	the difference	e in column 1 is	ess than zero, enter "0" in column 2					TOTAL		•	OR	TOTAL	790		
	CLAIMS AS AMENDED - PART II] •	OTHER			
(Column 1) (Column 2) (Column 3)								SMAL	LEN	TITY	OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	· 8'	Minus	- 2	0	-/		X\$ 9=			OR	X\$18=			
AME	Independent	• /	Minus	DENIDENT		F	ſ	X43≈			OR	X86=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=			
							L	TÖTA DDIT. FEI			OR ,	TOTAL ADDIT, FEE			
	· ·	(Column 3)	. ~		-			ODII. PEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE .	ADDI- TIONAL FEE		
	Total	• 9	Minus	- 6	0	•		X\$ 9=			OR	X\$18=	-		
	Independent	PRESENTATION OF MULTIPLE DEPENDENT OF		3			X43=			ÖR	X86=				
	THOTPHESE	INTERIOR OF BIO	EIT DE DEF	ENDENT	COURT		I	+145=			ÖR	+290=	-		
											OR A	TOTAL DOT, FEE			
			٠.					•							
EE L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE MUMBI PREVIOU PAID P	er JSLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total	• .	Minus	₩ ,		•		X\$ 9=			OR	X\$18=			
	Independent		Minus	***	·	•		X43=)R	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	-			+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20, enter "20." APPLY SEE															
-	the Highest Nur	nber Previously Pai ber Previously Paid ber Previously Paid	d Fee' IN THE	S SPACE is I	less than	3. enter 3.		Off. FEE in the ap	propri	_	A	DOIT. FEE L			